

**Index of Claims**

**Application No.**

10/009,090

**Applicant(s)**

PATEL

**Examiner**

LaToya L. Cross

**Art Unit**

1743

<input checked="" type="checkbox"/>	Rejected	<input type="checkbox"/>	(Through num ral) Cancelled	<input type="checkbox"/>	Non-El cted	<input type="checkbox"/>	Appeal
<input checked="" type="checkbox"/>	Allowed	<input type="checkbox"/>	+ Restricted	<input type="checkbox"/>	Interference	<input type="checkbox"/>	Objected

Claim	Date		Claim	Date		Claim	Date	
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4			54			104		
5			55			105		
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7			57			107		
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9			59			109		
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22			72			122		
23			73			123		
24			74			124		
25	✓✓		75			125		
26	○○		76			126		
27	✓✓		77			127		
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38			88			138		
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40			90			140		
41	✓		91			141		
42			92			142		
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44	✓		94			144		
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